

PART B - FEE(S) TRANSMITTAL

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43541 7590 05/25/2007

WOOD, HERRON & EVANS (ZIMMER SPINE)
2700 CAREW TOWER
441 VINE STREET
CINCINNATI, OH 45202

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See attached

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/807,463	03/23/2004	Douglas W. Kohrs	75028-307894	2914

TITLE OF INVENTION: LORDOTIC SPINAL IMPLANT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	50	\$1700	08/27/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
GHERBI, SUZETTE JAIME J	3738	623-017110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02, or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Wood, Herron & Evans, LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Zimmer Spine, Inc.

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
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☐ Advance Order - # of Copies

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3000 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name

David H. Brinkman

Registration No.

40,532

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Douglas W. Kohrs et al.
Serial No.: 10/807,463
Filed: March 23, 2004
Art Unit: 3738
Confirmation No.: 2914
Examiner: Gherbi, Suzette Jaime J.
Title: **LORDOTIC SPINAL IMPLANT**
Atty. Docket: ZMS-IF44US

Cincinnati, Ohio

July 12, 2007

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Sir:

ISSUE FEE
CERTIFICATE OF ELECTRONIC TRANSMISSION

I hereby certify that this correspondence for Application No. 10/807,463 is being electronically transmitted to Technology Center 3738, via EFS-WEB, on July 12, 2007.

By David H. Brinkman/
David H. Brinkman
Reg. No. 40,532

July 12, 2007
Date

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